



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission	30	Attorney Docket Number	5091C
--	----	------------------------	-------

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form Return Postcard
--	--	---

Remarks

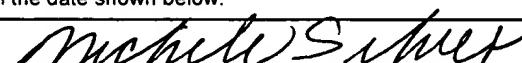
Copies of Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address with Supporting Documents attached; documents were filed August 18, 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Genzyme Corporation		
Signature			
Printed Name	Richard D. Allison		
Date	October 3, 2005	Reg. No.	31,584

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Michele Silver	Date	October 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

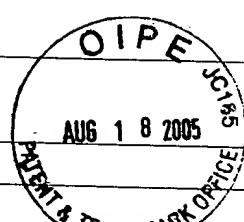
**"PROSECUTION"**PATENT
ATTORNEY DOCKET NUMBER:

5091C

The U.S. PTO date stamp sets forth the date of receipt of:

Applicant/Patentee: John M. Kirwan et al.Serial/Patent Number: 09/744,698Filed/Issued: May 14, 2001

AUG 18 2005

Title: Universal Modular Surgical, Etc.

<input checked="" type="checkbox"/> Transmittal Letter	Pages: <u>1</u>	<input type="checkbox"/> Declaration & POA	Pages: _____
<input type="checkbox"/> Notice of Missing Parts	Pages: _____	<input type="checkbox"/> Assignment & Cover Sheet	Pages: _____
<input type="checkbox"/> Reply to Missing Parts	Pages: _____	<input checked="" type="checkbox"/> Change of Address	Pages: <u>1</u>
<input type="checkbox"/> Reply to Examiner's Action	Pages: _____	<input type="checkbox"/> Small Entity Statement	Pages: _____
<input type="checkbox"/> Extension of Time	Pages: _____	<input type="checkbox"/> Preliminary Amendment	Pages: _____
<input type="checkbox"/> Notice of Appeal	Pages: _____	<input type="checkbox"/> IDS	Pages: _____
<input type="checkbox"/> Appeal Brief	Pages: _____	<input type="checkbox"/> Cited References	Number: _____
<input type="checkbox"/> Drawings Formal/Informal	Pages: _____	<input type="checkbox"/> Other _____	Pages: _____
<input type="checkbox"/> M-Fee Payment	Pages: _____	<input type="checkbox"/> Other _____	Pages: _____
<input type="checkbox"/> Issue Fee Payment	Pages: _____		
<input type="checkbox"/> Deposit Account	\$: _____		

Other Revocation, POA with Supporting Documents Pages: 43

Atty/Secy: RDA/msDate: Aug/15/2005